

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 586563

7-18-06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		1				
5						
6						
7						
8						
9						
10	1					
11		1				
12		1				
13						
14						
15	1					
16	83	1				
17		1				
18			1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			3			
TOTAL CLAIMS			4			

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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